



Douglas A. Ducey
Governor

DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

Michael Wisehart
Director

Survey for Group Home Vendors 10

Introduction and Contact Information:

To help DDD fully understand issues facing our vendor network, please take the time to answer the questions below. This survey is specific to Group Home Vendors. Please be as accurate and detailed as possible to inform DDD decision making. There is an open-ended question at the end, in case there are issues the survey did not address. The goal of this survey is to better understand each vendor's current situation and is not meant to be punitive.

Please only provide information as it pertains to the services outlined in this survey for DDD. If your agency provides additional services do your best to estimate the portion of information that applies to these services for DDD members.

We understand that you've provided answers to many of these questions in prior survey rounds. To ensure we can trend information reliably over time by survey we need the answers repeatedly so we appreciate you providing them again. Please save your answers so you can reuse them in additional surveys.

1. What is your organization's name? (Drop down menu)
2. Please enter your AHCCCS ID?
3. Please enter your Employer ID?
4. Please enter the following contact information:
 - Contact Name
 - Email Address
 - Phone Number
5. Do you provide group home services? Services include HAB, HPD.

Staffing:

6. How many direct care staff (direct care workers or DCW) provided services to DDD members on the following dates? If N/A, please enter "0".



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- March 22
 - April 19
- 7. How many DCWs left your agency (laid off, terminated, etc.) in:
 - March:
 - April:
- 8. If there was a reduction in DCWs during the month of March, please answer the following (Provide the number of DCW that left your agency for each reason)
 - Family Issues:
 - Laid off due to low demand:
 - Sick leave:
 - Refused to work:
 - Other:
 - Total weekly hours reduced:
- 9. Please enter any additional comments pertaining to your organization's DCW reduction.
- 10. How many DCWs vacancies did your agency have on average, during the following months:
 - March:
 - April:
- 11. How many new DCWs were hired in:
 - March:
 - April:
 - Anticipated May:
- 12. How many applications for DCW positions have you received during the following months?
 - March:
 - April:
- 13. How many applicants were qualified for DCW positions (including passing background checks) during the following months?
 - March:
 - April:



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14. Did your agency redeploy staff to other service lines in March?
- ☐ Y/N
15. Please list the number of staff by the service lines they were redeployed to in March. Please enter "0" if N/A. If you redeployed staff to multiple service lines please only list them once.
- ☐ Total Redeployed
 - ☐ Attendant care
 - ☐ Respite
 - ☐ Habilitation hourly
 - ☐ Group home habilitation
 - ☐ Other
16. How many total staffing hours were scheduled in the following weeks?
- ☐ Week of March 22 - 26
 - ☐ Week of April 19 - 23
17. Has your agency experienced an increase in overtime due to increased demand since March 25?
- Y/N
18. Please provide the number of overtime hours paid in each of the following time periods
- ☐ March:
 - ☐ April:
 - ☐ Anticipated May:
19. Has there been a change in the attendance of direct care workers during the month of March 2021?
- ☐ More missed shifts
 - ☐ Less missed shifts
 - ☐ No change
20. Has there been a decrease in the number of staff that are dedicated to a specific site? Y/N
21. Please provide the percentage of staff that were dedicated to a specific site on the following dates: Please enter a number and no symbols.
- ☐ March 22
 - ☐ April 19



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22. What is the average number of sites a DCW is currently working in over a week?
23. Has your agency required front line supervisors or other Management staff to cover vacancies?
Y/N
24. Please provide the number of front line supervisors or other Management staff that covered vacancies on the following dates:
- March 22
 - April 19
25. Does your agency have enough direct care workers to meet member needs as of April 23 2021 without the use of additional overtime, supervisors, or staffing agencies? Y/N
26. If you answered no to the previous question, how many hours per week are you trying to fill?
27. Have you seen an increase in Paid or Unpaid Time Off due to COVID-19? Y/N
28. If Yes, please provide the number of hours per month vacated with Paid Time Off due to COVID-19?
- March:
 - April
29. If Yes, please provide the number of hours per month vacated with unpaid Time Off due to COVID-19?
- March:
 - April:
30. If Time Off due to COVID-19 is Paid, what is the total cost of those hours?
- March:
 - April:
31. Is your agency receiving more or less DCW applicants currently when compared to the same time last year?
- More/less



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32. Is your agency receiving more or less qualified DCW applicants currently when compared to the same time last year?

- ☐ More/less

33. Is your agency retaining more or less qualified DCWs currently when compared to the same time last year?

- ☐ More/less

34. What was your staff vacancy on March 31 for the years listed below?

- ☐ 2019
- ☐ 2020
- ☐ 2021

35. Has your agency seen a change in behavior since the extension of federal UI on 12/27/20?

- ☐ Yes
- ☐ No
- ☐ Comments:

Members:

36. How many distinct members were served in the following weeks:

- ☐ Week of March 29 - April 2
- ☐ Week of April 19 - 23

37. Have members begun to return to in person school, and or day or employment programs? Y/N

38. If the number of members declined during the week of April 12-16 , please tell us the number of members not served by the reason. If there was a combination of two or more of these reasons, please list the number of members not served by the most impactful reason.

- ☐ Members moved temporarily to be with family
- ☐ Members in the hospital due to COVID-19 positive status
- ☐ Members impacted by the closure of a group home
- ☐ All members were served
- ☐ Other



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39. Please provide the number of members having issues with obtaining any of the following from their assigned health plan

- Prescriptions:
- Medical supplies:

40. Please state any additional reasons for member changes.

Service Sites:

41. Does your agency also operate any day or employment programs? Y/N

42. Does your agency plan to shift members back to day or employment programs in May? Y/N

43. Please state any other issues impacting employment service sites.

44. How many group homes do you operate?

45. How many group homes are still operational as of April 12th 2021?

46. Based on the capacity approved for each home by DES DDD, please list the number of total group home vacancies for your agency as of April 12th 2021.

- Rooms
- Entire Homes

47. Would you be willing to house a presumed positive/ a Person Under Investigation (PUI) for COVID-19, or COVID-19 positive DDD member who is not currently served by your agency but needed short term care? Y/N

48. Please state any other issues impacting group homes.

Vaccinations:

49. Are you requiring that your direct care workers (DCW) get the COVID-19 vaccine? Y/N

50. Please mark all reasons that you've heard for refusing vaccines:



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- Safety concerns/limited testing
- Concerns about effectiveness of vaccines
- Religious and disability-related objections
- Not tracking reason why they are refusing vaccines
- Don't Want It/Did not provide reason

51. Have your DCWs had issues accessing the COVID-19 vaccine? Y/N (if yes comment option)

52. Is your agency incentivizing that DCWs get vaccinated? Y/N

53. Is your agency notifying staff of vaccination appointment availability?

54. Are you offering paid or unpaid time off to staff who want the vaccine?

55. Are you notifying members and families when DCWs are vaccinated? Y/N

56. How are you confirming that DCWs are vaccinated?

- Getting copies of vaccination cards
- Staff attestation

57. Are you tracking staff vaccination? Y/N

58. If yes, what percent of DCWs that work directly with DDD members are fully vaccinated against COVID-19 as of the following dates:

- 4/1/21
- 4/15/21
- 5/1/21

59. If yes, What percent of DCWs that work directly with DDD members have/had received their first dose of the COVID-19 vaccine as of the following dates:

- 4/1/21
- 4/15/21
- 5/1/21

60. Please provide any comments you have regarding the COVID 19 vaccine.

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Personal Protective Equipment:

61. Do your direct care workers have enough personal protective equipment (PPE) to implement your pandemic performance plan for one month? Y/N

62. If no, which of the following PPE is needed?

- ☐ Gloves
- ☐ Gowns/Aprons
- ☐ Masks and respirators
- ☐ Goggles
- ☐ Face Shields
- ☐ We have sufficient PPE

63. What have your additional monthly expenses been to obtain PPE since March 2021?

- ☐ March:
- ☐ April:
- ☐ Anticipated May:

64. Please provide the number of providers trained on your Pandemic Plan and how to mitigate exposure to COVID-19 through each of the following methods from January 1st, 2021 to April 23rd, 2021.

- ☐ In person
- ☐ On-line

65. DDD has made it clear that guidance issued by CDC, ADHS, and DDD as described in the [Congregate Settings Guidance](#) document should be followed by QVAs. Are there any extra precautions you are taking not mentioned in that guidance? If so, please share what extra precautions your agency is taking in response to the COVID-19 pandemic.

66. Please describe your plan if a member becomes infected with COVID-19

- ☐ Shelter staff in place with impacted members
- ☐ Move impacted members to a vacant or already COVID-19 positive group home
- ☐ Move impacted members to a vacant day program site with appropriate facilities (ie. shower, etc.)
- ☐ Other (please specify)



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67. Please enter any additional comments on your plan.

Visitation Attestation

On August 28, 2020, the Arizona Department of Health Services (ADHS) published visitation guidance for congregate care settings. The Department has asked that your agency complete a [visitation attestation](#).

68. Has your agency completed the attestation? Y/N

Coronavirus Aid, Relief, and Economic Security (CARES) Act

Paycheck Protection Program Loans:

Under the [Coronavirus Aid, Relief, and Economic Security \(CARES\)](#) Act small businesses are able to apply for Paycheck Protection Program Loans which depending on behavior and how the funds are used can be forgiven. Your response to these questions will not disqualify your organization from DDD payments. Please take this opportunity to review information on the program in the link below.

<https://www.sba.gov/page/coronavirus-covid-19-small-business-guidance-loan-resources>

<https://www.sba.gov/funding-programs/loans/coronavirus-relief-options/paycheck-protection-program-ppp>

69. Did you apply for a PPP loan? Y/N

70. Have you qualified for a Paycheck Protection Program loan? Y/N/Didn't apply

Provider Relief Fund:

Under the [Coronavirus Aid, Relief, and Economic Security \(CARES\)](#) Act all facilities and providers that received Medicare and/or Medicaid fee-for-service (FFS) reimbursements in 2019 are eligible for the Provider Relief Fund. This funding supports healthcare-related expenses or lost revenue attributable to COVID-19 and ensures uninsured Americans can get testing and treatment for COVID-19. These are payments, not loans, to healthcare providers, and will not need to be repaid. Please take this opportunity to review information on the program in the link below.



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PRF eligibility information can be found at

<https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/for-providers/index.html>. Please review the link and ensure that all qualification criteria are reviewed carefully.

Terms and conditions can be found here:

<https://www.hhs.gov/sites/default/files/terms-and-conditions-medicaid-relief-fund.pdf>

PRF FAQ's can be found here:

<https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/faqs/index.html>

Medicare/Medicaid requirement

The requirement that vendors must bill Medicaid/Medicare directly is met by billing DDD in its capacity as a Medicaid/Medicare Managed Care Organization (MCO). Services billed to DDD are considered healthcare services.

Your response to this question will not disqualify your organization from DDD payments.

- 71. Has your agency applied for Provider Relief Funds? Y/N
- 72. Have you received official notice that you have been approved for a Provider Relief Fund disbursement? Y/N/Didn't apply
- 73. To qualify for potential funding, have you completed the CARES Provider Relief Fund [attestation](#)? Y/N

Financial Statements:

Please contact DDDFinancialStmts@azdes.gov if you are in compliance with this requirement or if you have any related questions.

- 74. To qualify for potential funding, do you attest that you've submitted (or will do so before 5/31/21) at least the last two annual financial reports in accordance with section 6.3.3 of your qualified vendor agreement with DDD/DES? Y/N



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To qualify for potential round 10 funding, you must have completed the CARES Provider Relief Fund attestation and be in compliance with the section 6.3.3 of your qualified vendor agreement with DDD/DES. If you have submitted your financial statements there is no additional action needed at this time, unless we reach out directly.

Insurance:

75. Do you attest that you've submitted (or will do so before 5/31/21) all applicable insurance documentation in accordance with section 6.7 of the Terms and Conditions of your Qualified Vendor Agreement DES/DDD? Y/N

For any questions regarding insurance requirements or the necessary documentation, contact your assigned Contract Management Specialist. You can use the Manage Dashboard in FOCUS to look up contact information for your assigned Contract Management Specialist.